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- a. ☐ A check in the amount of \$ _____ to cover the above fees is enclosed. **10/584661**
- b. ☒ Please charge my Deposit Account No. 503626 in the amount of \$ 1810.00 to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 503626. A duplicate copy of this sheet is enclosed.
- d. ☐ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:



SIGNATURE

Nancy J. Leith

NAME

45,309

REGISTRATION NUMBER

02/28/2007 MPEPERSON 00000002 503626 10584661

01 10:1615 1000.00 DA